

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		8-3-99
O.I.P.E. CLASSIFIER		48	8/6/99
FORMALITY REVIEW	CP	711090	8/18

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
1		1		101	
2		2		102	
3		3		103	
4		4		104	
5		5		105	
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42		42		142	
43		43		143	
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49		49		149	
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If more than 150 claims or 10 actions  
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